

Sheet1

[illegible]

AFFIDAVIT

STATE OF WISCONSIN .)
Kenosha COUNTY) SS

Jessica R de la Torre, being first duly sworn on oath, deposes and states as follows:

1. I am an adult resident of the ☒ State Senate District and I am a qualified elector, i.e., either registered to vote or eligible to register and vote.

2. I was asked to sign a petition "in favor" of Wirch. Under that assumption, I signed the petition.

Jessica Ruby De la Torre
[NAME]

Subscribed and sworn to before me this
2 day of May, 2011.

Notary Public, State of Wisconsin
My Commission

Witnessed by Heather Libbey
Heather Libbey

RECALL PETITION

TO: **Wisconsin Government Accountability Board**

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22nd Wisconsin State Senate District**
(jurisdiction or district of officeholder)

petition for the recall of **Robert Wirch** **22nd District State Senate of Wisconsin**
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9 10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Julia Ryspaywa	1815 30th St Kenosha, WI 53140	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3/8/11
2. Sandra Duvenoch	1440 43rd Ave Kenosha, WI 53144	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Somers	3/8/11
3. Kathleen Vaughan	9707-12th Pl Kenosha, WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/8/11
4. Debra Minton	9230 12th St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/8/11
5. Larry D. Schwarz	4011 53rd St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/2011
6. Maria L. Salvo	4011 53rd St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/13/2011
7. Jerry B. Salvo	4011 53rd St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-13-2011
8. Mary Ann Passanelli	4516-23rd Ave Kenosha WI 53140	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	3/29/11
9. Jessica Ruby St. John	4520 23rd Ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/29/11
10. Susan Graham	4812 23rd Ave Kenosha 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3/29/11

Certification of Circulator

I, **Scotty Wallent** (name of circulator) certify:

I reside at **10006 70th St Kenosha, WI 53142**
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12 13(3)(a), Wis. Stats.

3-29-11
(date)

Scotty Wallent
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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